

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000116738

1. Entity Name
 ALPHAZULU, INC.

Principal Place of Business 3300 UNIVERSITY BLVD WINTER PARK FL 32792	Mailing Address 3300 UNIVERSITY BLVD WINTER PARK FL 32792
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2. Principal Place of Business 601 SW SECOND AVE Suite, Apt. #, etc. SUITE 2050	3. Mailing Address Suite, Apt. #, etc.
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City & State PORTLAND OR	City & State
Zip 97204	Country

4. FEI Number 59-3691088	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEEKIN JAMES FJR
 215 NORTH EOLA DRIVE

 ORLADNO FL
 32801

7. Name and Address of New Registered Agent

Name
 HEEKIN JAMES FJR
 Street Address (P.O. Box Number is Not Acceptable)
 215 NORTH EOLA DRIVE

 City
 ORLANDO FL Zip Code
 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JAMES F. HEEKIN, JR.**

04/10/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D NAME PHELPS JON D STREET ADDRESS 3300 UNIVERSITY BLVD CITY-ST-ZIP WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE MGRM NAME PHELPS JON D STREET ADDRESS 3300 UNIVERSITY BLVD CITY-ST-ZIP WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jon D. Phelps**

MGRM 04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)